

**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION**

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input checked="" type="checkbox"/> Other:	5. DATE OF REQUEST: 12/06/13 NEED RESPONSE BY: ASAP
2. REQUESTOR NAME: Mandy Gentle	6. COUNTY/ORGANIZATION: Humboldt County Social Services
3. PHONE NO.: 707-268-2787	7. SUBJECT: SAWS1 -new form
4. REGULATION CITE(S): 63-301.522	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL12-74

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):
- When a SAWS1 (the new version) is received and the customer has checked the box to apply for Health Coverage only but they have answered the questions with a shopping cart next to them, is this considered an application for CalFresh? The previous SAWS1 had a box to check indicating no to CalFresh. The new form does not have yes or no boxes.

10. REQUESTOR'S PROPOSED ANSWER:
- If the box for CalFresh has not been checked then we do not have an application for CalFresh, even if the customer answer the shopping cart questions.

11. STATE POLICY RESPONSE (CFPB USE ONLY):
- If the applicant has answered all the questions necessary for determining CalFresh eligibility, even if the CalFresh box is not checked the county shall process the application.

FOR CDSS USE

DATE RECEIVED: 12/06/13	DATE RESPONDED TO COUNTY/ALJ: 1/15/14 Tawny Macedo
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**CALFRESH (CF) PROGRAM
REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)**

1. RESPONSE NEEDED DUE TO: <input type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST:	NEED RESPONSE BY:
	6. COUNTY/ORGANIZATION:	
	7. SUBJECT:	
2. REQUESTOR NAME:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
3. PHONE NO.:		
4. REGULATION CITE(S):		